

**ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION**

For use of this form, see AR 600-85; the proponent agency is DCSPER.

**SECTION A - CONSENT**

I, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_,  
(client's full name)  
do hereby voluntarily consent to the release of the following information by \_\_\_\_\_  
17th ASG, Camp Zama, Japan  
(name of installation ADAPCP)  
pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with  
alcohol or other drug abuse education, training, treatment, rehabilitatiton, or research to \_\_\_\_\_  
Youth Services Sports  
volunteer coach \_\_\_\_\_ for the purpose of \_\_\_\_\_ background check  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, namely,  
Any information on file with ADAPCA.  
(extent or nature of information to be disclosed)  
\_\_\_\_\_

**SECTION B - EXPIRATION/REVOCATION**

(Check applicable paragraph)

1. ☐ I understand that this consent automatically expires when the above disclosure action has been taken in reliance thereon and that, except to the extent that such action has been taken, I can revoke this consent at any time.

- Or -

(For disclosure to civilian criminal justice officials under the provisions of paragraphs 6-9b(4)(b) and 6-10e(3), AR 600-85)

2. ☐ I understand that this consent automatically expires 60 days from today's date or when my present criminal justice system status changes to \_\_\_\_\_  
\_\_\_\_\_

Further, I understand that if my release from confinement, probation, or parole is conditioned upon my participation in the ADAPCP, I cannot revoke this consent until there has been a formal and effective termination or revocation of my release from such confinement, probation, or parole.

SIGNATURE OF CLIENT

DATE

NAME OF WITNESS (Type or print)

SIGNATURE

DATE

LEALA JEW, YS SPORTS DIRECTOR

**SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION**

**NOTE:** Other than the MEDCEN/MEDDAC Commander, approval authority for release of information may be delegated to the Program Physician or the Clinical Director.

In my judgment, the release of an evaluation of the present or past status of \_\_\_\_\_  
(client's name)  
in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.

NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE (Type or print)

CLIFF BRESLOW, Clinical Director

DATE

SIGNATURE